

While NOT mandatory, if you fill out this form, it will help us provide the public records you are requesting in a more timely fashion. Your refusal to complete this Form does NOT impair your right to inspect and/or receive copies of the public record.

Today's Date: _____, 20_____

Name of Request	er:		
Street Address:		 	
City, State, Zip:		 	
Phone Number: _		 	

With as much specificity as possible, please describe what records you want to review. PLEASE PRINT:

Please check your preference below:

I would like to inspect these records in the building when they are ready: I would like these records copied, and I will pick them up when they are ready: I would like these records copied and mailed to me at the address on this form: I would like these records scanned and sent electronically to the email below: (email address)

Desired Media* and Costs:

Paper	.15 per side	CD**	\$2.00	DVD**	\$3.50			
Photo Prints**								
4 x 6	\$1.00	5 x 7	\$2.00	8 x 10	\$3.00			

*Available media varies from record to record. Records are available only on the media types created through normal operations of the City of Moraine. Paper records, may therefore, not always be available electronically. Contact the Clerk of Council (535-1005) if you have any questions.

**Internal duplication prices only. If request is too large for internal duplication and the City must send it out for external duplication, the fees will be assessed accordingly and be required to be paid in advance.

Mailing charges are assessed at actual cost and must be paid in advance. There is no charge to inspect records while at the Municipal Building(s).

Name of City Employee handling request: Date request completed: , 20